

Commonwealth of Massachusetts
Asbestos Notification Form ANF-001

100217277

Asbestos Project #

☐ Project Revision

☐ Project Cancellation

A. Asbestos Abatement Description

1. Facility Location:

35 PEARL STREET

35 PEARL STREET

Name of Facility

Street Address

WEBSTER

MA

01570

0000000000

City/Town

State

Zip Code

Telephone

N/A

N/A

Facility Contact Person Name

Facility Contact Person Title

Worksite Location:

35 PEARL STREET

Building Name, Wing, Floor, Room, etc.

Instructions 1. All sections of this form must be completed in order to comply with MassDEP notification requirements of 310 CMR 7.15 and Department of Labor Standards (DLS) notification requirements of 453 CMR 6.12

2. Is the facility occupied? ☐ Yes ☒ No

3. Is this a fee exempt notification (city, town, district, municipal housing authority, state facility, or owner-occupied residential property of four units or less)? ☐ Yes ☒ No

MassDEP Use Only

4. Blanket Permit Project Approval, if applicable:

Approval ID #

Date Received

5. Non-Traditional Asbestos Abatement Work Practice Approval, if applicable:

Approval ID #

2. Submit Original Form To:
Commonwealth of Massachusetts
Asbestos Program
P.O. Box 120087
Boston, MA 02112-0087

6. Asbestos Contractor:

ENVIROGREEN LLC

81 CHESTNUT AVE

Name

Address

BOSTON

MA

02130

8578913842

City/Town

State

Zip Code

Telephone

AC000749

Contract Type: ☒ Written ☐ Verbal

DLS License #

7. FRANKLIN HERNANDEZ

AS061855

Name of Contractor's On-Site Supervisor/Foreman

DLS Certification #

8. RON JACOBS

AM034533

Name of Project Monitor

DLS Certification #

9. PROSCIENCE ANALYTICAL SERVICES INC

AA000156

Name of Asbestos Analytical Lab

DLS Certification #

10. 4/8/2015

4/15/2015

Project Start Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)

0800-1600

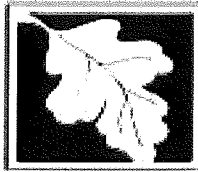
0800-1600

Work Hours - Monday Through Friday

Work Hours - Saturday & Sunday

11. What type of project is this?

☐ Demolition ☒ Renovation ☐ Repair ☐ Other - Please Specify: _____



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A. Asbestos Abatement Description: (cont.)

12. Abatement procedures (check all that apply):

☐ Glove Bag ☐ Encapsulation ☐ Enclosure ☐ Disposal Only ☐ Cleanup ☐ Full Containment

☒ Other - Please Specify: WHOLE COMPONENT

13. Job is being conducted: ☐ Indoors ☒ Outdoors

14. Total amount of each type of asbestos Containing materials (ACM) to be removed, enclosed, or encapsulated:

		4000	
Linear Feet (Lin. Ft.)		Square Feet (Sq. Ft.)	
Boiler, Breaching, Duct,		Transite Pipe	
Tank Surface Coatings	Lin. Ft. Sq. Ft.		Lin. Ft. Sq. Ft.
Pipe Insulation		Transite Shingles	4000
	Lin. Ft. Sq. Ft.		Lin. Ft. Sq. Ft.
Spray-On Fireproofing		Transite Panels	
	Lin. Ft. Sq. Ft.		Lin. Ft. Sq. Ft.
Cloths, Woven Fabrics		Other - Please Specify:	
	Lin. Ft. Sq. Ft.		
Insulating Cement			
	Lin. Ft. Sq. Ft.		Lin. Ft. Sq. Ft.

15. Describe the decontamination system(s) to be used:

3 STAGE DECONTAMINATION UNIT

16. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2)(g):

6 MIL LEAK-TIGHT DOUBLE BAGGED, WETTED, AND LABELED FOR TRANSPORT

17. For Emergency Asbestos Operations, the MassDEP and DLS officials who evaluated the emergency:

Name of MassDEP Official

Title of MassDEP Official

Date of Authorization (MM/DD/YYYY)

Waiver #

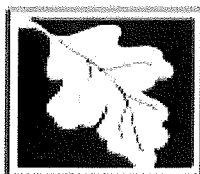
Name of DLS Official

Title of DLS Official

Date of Authorization (MM/DD/YYYY)

Waiver #

18. Do prevailing wage rates as per M.G.L. c. 149, § 26, 27 or 27A-F apply to this project? ☐ Yes ☒ No



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B. Facility Description

1. Current or prior use of facility: COMMERCIAL
2. Is the facility owner-occupied residential with 4 units or less? ☐ Yes ☒ No
3. 35 PEARL STREET LLC 35 PEARL STREET
Facility Owner Name Address
WEBSTER MA 01570 0000000000
City/Town State Zip Code Telephone
4. N/A N/A
Name of Facility Owner's On-Site Manager Address
N/A MA 00000 0000000000
City/Town State Zip Code Telephone
5. N/A N/A
Name of General Contractor Address
N/A MA 00000 0000000000
City/Town State Zip Code Telephone
- ACORD
Contractor's Worker's Compensation Insurer
UB-2E156839-14 3/19/2016
Policy # Expiration Date (MM/DD/YYYY)
6. What is the size of this facility? 28000 1
Square Feet # of Floors

Note: Temporary storage of Asbestos containing waste material is only allowed at the place of business of a DLS licensed Asbestos contractor or a transfer station that is permitted by MassDEP and operated in compliance with Solid Waste Regulations 310 CMR 19.000

C. Asbestos Transportation & Disposal

1. Transporter of asbestos-containing waste material from site of generation:

☐ Directly to Landfill or ☒ To Temporary Storage Location/Transfer Station

ENVIROGREEN LLC 81 CHESTNUT AVENUE
Name of Transporter Address
JAMAICA PLAIN MA 02130 8578913842
City/Town State Zip Code Telephone

2. If a temporary storage location/transfer station is used, list name of transporter of asbestos containing waste material from temporary storage location/transfer station to final disposal site:

SERVICE TRANSPORT GROUP 58 PYLES LANE
Name of Transporter Address
NEW CASTLE DE 19720 8779999559
City/Town State Zip Code Telephone



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Note: Contractor must sign this form for DLS notification purposes

C. Asbestos Transportation & Disposal: (cont.)

3. Name and address of temporary storage location/transfer station for the asbestos containing waste material:

N/A	N/A
Temporary Storage Location Name	Address
LAWRENCE MA	01841 0000000000
City/Town State	Zip Code Telephone

4. Name and location of final disposal site (asbestos landfill):

MINERVA ENTERPRISES LLC	MINERVA ENTERPRISES LLC
Final Disposal Site Name	Final Disposal Site Owner Name
8955 MINERVA ROAD SE	
Address	
WAYNESBURG OH	44688 3308663435
City/Town State	Zip Code Telephone

D. Certification

"I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment. The undersigned hereby states that I have read the Commonwealth of Massachusetts regulations governing asbestos abatement (453 CMR 6.00 promulgated by the Department of Labor Standards and 310 CMR 7.15 promulgated by the Department of Environmental Protection), and that I am aware that this permit application or notification shall not be deemed valid unless payment of the applicable fee is made."

LOUIS JAVIER

Name
PRESIDENT
Position/Title
8578913842
Telephone
81 CHESTNUT AVENUE
Address
MA
State

LOUIS JAVIER

Authorized Signature
3/26/2015
Date (MM/DD/YYYY)
ENVIROGREEN LLC
Representing
JAMAICA PLAIN
City/Town
02130
Zip Code